

Name  
in  
Full

George Wesley Adams

## CERTIFICATE OF DEATH

Died at *McDaniel* Town *Talbot* County

MARYLAND

Date of death *1906* Month *3* Day *26<sup>th</sup>* Age *17* Months *8* Days *8*Sex *Male* Color or Race *Colored* Birthplace *McDaniel*Occupation *Farmer Hand* Where Residing if not at place of death *Chapel*~~Married~~ Single  
or WidowedName of Wife or  
HusbandFather's Name *Thos. J. Adams*Father's Birthplace *Talbot Co.*Mother's Maiden Name *Sarah Hannah Drake*Mother's Birthplace *Talbot Co*Name of person giving information *Sarah H. Adams*How related to deceased *Mother*

## CAUSES OF DEATH

Primary *Tuberculosis* *27* How long *one year*Immediate *Cardiac Asthenia* How long *1 mo*

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

*A. Bluscock*

Address

*St Michaels*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Amin O'well Anster

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <u>Euston</u> Town		<u>Talbot</u> County			
Date of death <u>1906</u>	Month <u>March</u>	Day <u>17</u>	Age <u>38</u> Years	Months <u>—</u>	Days <u>4</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>near Euston</u>		
Occupation <u>house</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Harrison Anster</u>	Father's Birthplace <u>Talbot Co., Md</u>				
Mother's Maiden Name <u>Mary J. Burgess</u>	Mother's Birthplace <u>Talbot Co., Md</u>				
Name of person giving information <u>Charles Anster</u>	How related to deceased <u>1/2 Brother</u>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Mitral &amp; Stenosis</u>	How long <u>19</u>
Immediate <u>venous curculions</u>	How long <u>4 hours</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>James B. Merrill</u>
	Address <u>Euston, Md.</u>
Accident or Suicide?	

19

Name

in

Full

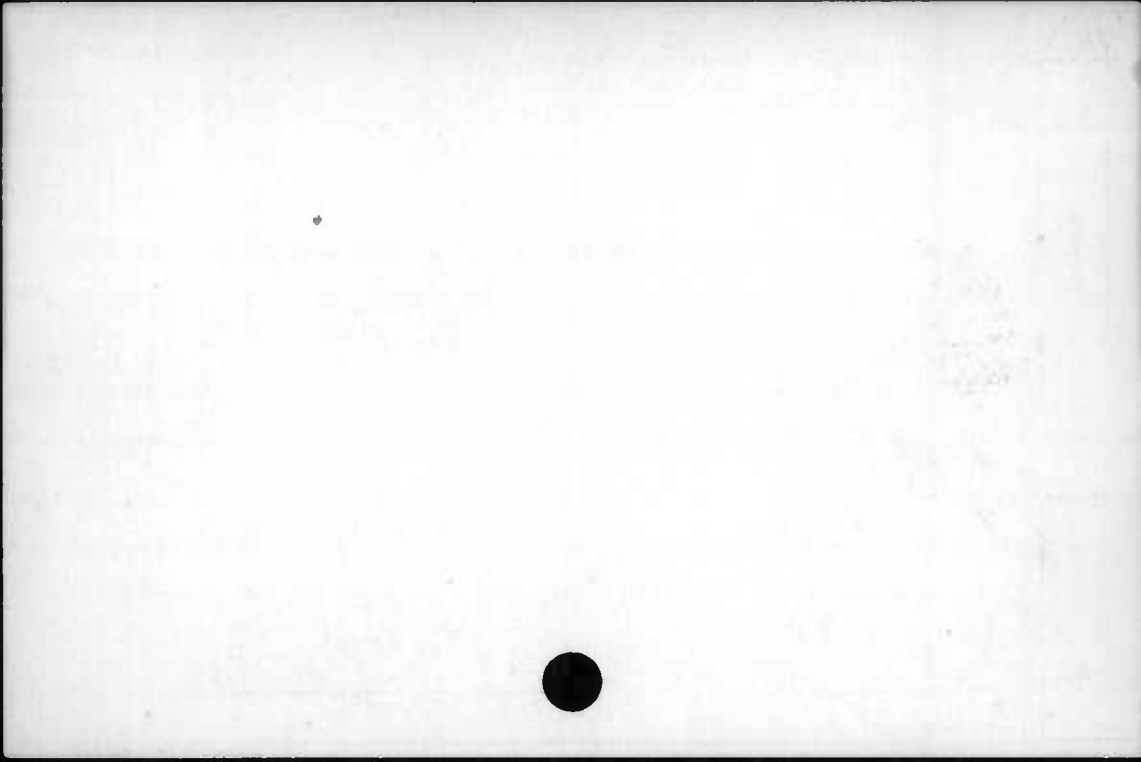
Stephen Alexander Brooks

## CERTIFICATE OF DEATH

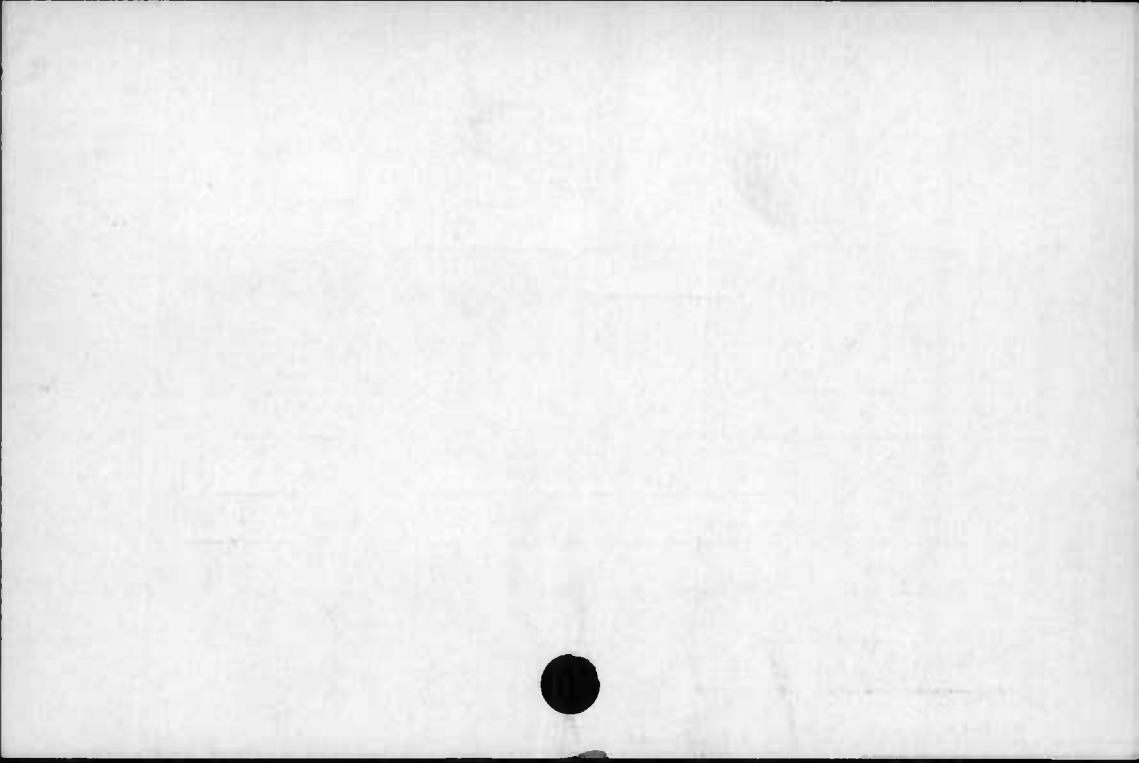
Died near <i>near</i>		Town <i>Trappe</i>		County <i>Palbot</i>		MARYLAND	
Date of death 1906	Month <i>3</i>	Day <i>9</i>	Age <i>—</i>	Years <i>—</i>	Months <i>3</i>	Days <i>19</i>	
Sex <i>Male</i>	Color or Race <i>negro</i>		Birth-place <i>Salem. h. p.</i>				
Married, Single or Widowed <i>Single</i>		Occupation <i>—</i>					
Name of Wife or Husband <i>—</i>							
Father's Name <i>Allen Brooks.</i>				Father's Birthplace <i>Oxford Md.</i>			
Mother's Maiden Name <i>Mary J. Demy</i>				Mother's Birthplace <i>Palbot Co, Md</i>			
Name of person giving information <i>Frances L. Demy-</i>				How related to deceased <i>Grand-mother</i>			

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Pneumonia</i>	How long <i>5 days.</i>
	Immediate <i>Exhaustion</i>	How long <i>—</i>
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Joseph A. Ross M.D.</i>
	<i>Yes</i>	Address <i>Trappe, Palbot Co, Md</i>
Accident or Suicide? <i>—</i>		



Name in Full		Brown				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died <sup>Town</sup> <u>Easton</u>		County <u>Talent</u>		MARYLAND		
	Date of death	1904	Month <u>Mar</u>	Day <u>28</u>	Age <u>—</u>	Years <u>—</u>	Months <u>5</u>
	Sex <u>Male</u>		Color or Race <u>Blk</u>		Birth- place <u>Talent Co</u>		
	Occupation <u>—</u>			Where Residing If not at place of death <u>—</u>			
	Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>			
	Father's Name <u>George M. Brown</u>				Father's Birthplace <u>Talent Co</u>		
	Mother's Maiden Name <u>Sda Wilkins</u>				Mother's Birthplace <u>Talent Co</u>		
Name of person giving information <u>Geo. M. Brown</u>				How related to deceased <u>Father</u>			
<div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary <u>Phenomenia</u>		<div style="border: 2px solid black; border-radius: 50%; width: 60px; height: 60px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> 93 </div>		How long <u>6 days</u>		
	Immediate				How long		
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician <u>W. B. Merrill</u>			
				Address <u>Easton</u>			
Accident or Suicide?							



Name  
in  
Full

William H. Christian

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> New Chopper

County Taylor

Date of death 190 <sup>Month</sup> March <sup>Day</sup> 29Age <sup>Years</sup> 42<sup>Months</sup> 4<sup>Days</sup> 19

Sex Male

Color or Race Black

Birth-place Virginia

Occupation Farmer

Where Residing if not at place of death

Married, Single or Widowed Married

Name of Wife or Husband Edna Christian

Father's Name William Christian

Father's Birthplace Virginia

Mother's Maiden Name X

Mother's Birthplace Virginia

Name of person giving information Edna Christian

How related to deceased wife

## CAUSES OF DEATH

Primary Hemorrhage of Brain (H)

How long 3 days

Immediate Exhaustion

How long few hrs

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Chas. F. Anderson

Address Eastern -

Accident or Suicide?

New Chapter 1. 184

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Walter Cooper

Died at *near Easton* TownCounty *Talbot*

MARYLAND

Date of death *1906 Mar*

Month

Day *22*Age *2* YearsMonths *4*Days *2*Sex *male*Color or Race *colored*Birth-place *Standaff*Occupation *—*

Where Residing if not at place of death

Married, Single or Widowed *single*

Name of Wife or Husband

Father's Name *Thomas Cooper*Father's Birthplace *Martintown*Mother's Maiden Name *Margaret Johns*Mother's Birthplace *Talbot Co*Name of person giving information *A Margaret Cooper*How related to deceased *mother*

## CAUSES OF DEATH

Primary *Pneumonia*How long *7 days*

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

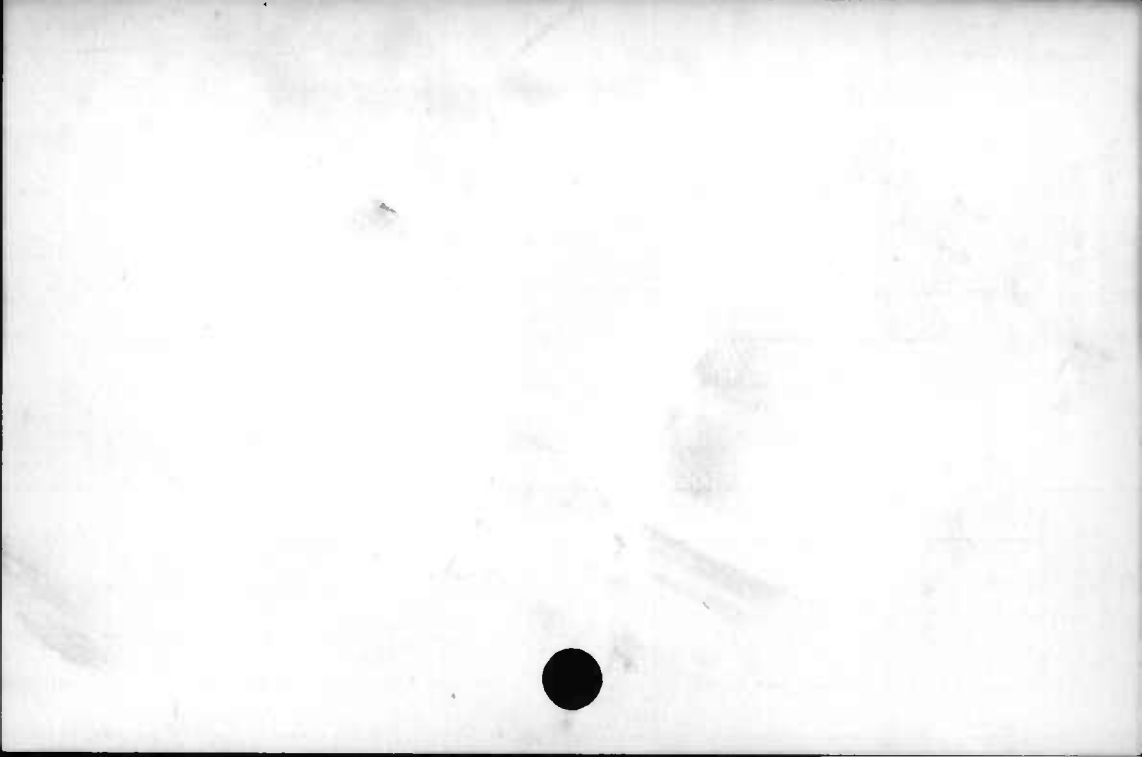
Signature of Physician *A. B. Hayward M.D.*Address *Easton*Accident or Suicide? *yes**Md.*

Jury Town 23

Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Easton</i> <sup>Town</sup>		<i>Zabon</i> <sup>County</sup>		MARYLAND
	Date of death <i>1906</i>	Month <i>March</i>	Day <i>23</i>	Age <i>about 70</i>	Months <i>—</i> Days <i>—</i>
	Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Ind</i>	
	Occupation <i>Latimer</i>		Where Residing if not at place of death <i>X</i>		
	Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Zellie Nichols</i>			
	Father's Name <i>Edward Emmalls</i>	Father's Birthplace <i>Ind</i>			
	Mother's Maiden Name <i>Maryann Johns</i>	Mother's Birthplace <i>Ind</i>			
	Name of person giving information <i>Hester Miller</i>		How related to deceased <i>Granddaughter</i>		
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Prostatic Hemorrhage + Detention</i>			How long <i>3 weeks</i>	
	Immediate <i>Cystitis + Exhaustion</i>			How long <i>a few days</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>			Signature of Physician <i>E. R. Frippe</i>	
				Address <i>Easton Ind</i>	
	Accident or Suicide?				

Mar 25-

Name In Full		Mary Anna Evengam				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Doye Mills	County Yalbot	MARYLAND		
		Date of death	1906	Month 3	Day 15	Age 2	Years 8	Months —
		Sex	Female		Color or Race	White		Birthplace
		Occupation	Child		Where Residing if not at place of death		Doye Mills	
		Married, Single or Widowed	Child		Name of Wife or Husband		—	
Father's Name		Georgia Evengam				Father's Birthplace		
Mother's Maiden Name		Mary Evengam				Mother's Birthplace		
Name of person giving Information		A. M. Skinner				How related to deceased		
		Great Aunt						
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		Pneumonia		How long		
		Immediate		Heart Failure		7 days		
		Are the name, age, sex, color, date and place correctly given above?		yes		How long		
		Signature of Physician		H. Stach M.D.		Immediate		
		Address		Doye Mills, Md.				
Accident or Suicide?								



TO BE ANSWERED BY  
NEAREST FRIEND

<sup>Russell</sup>  
Raymond Fairbanks

CERTIFICATE OF DEATH

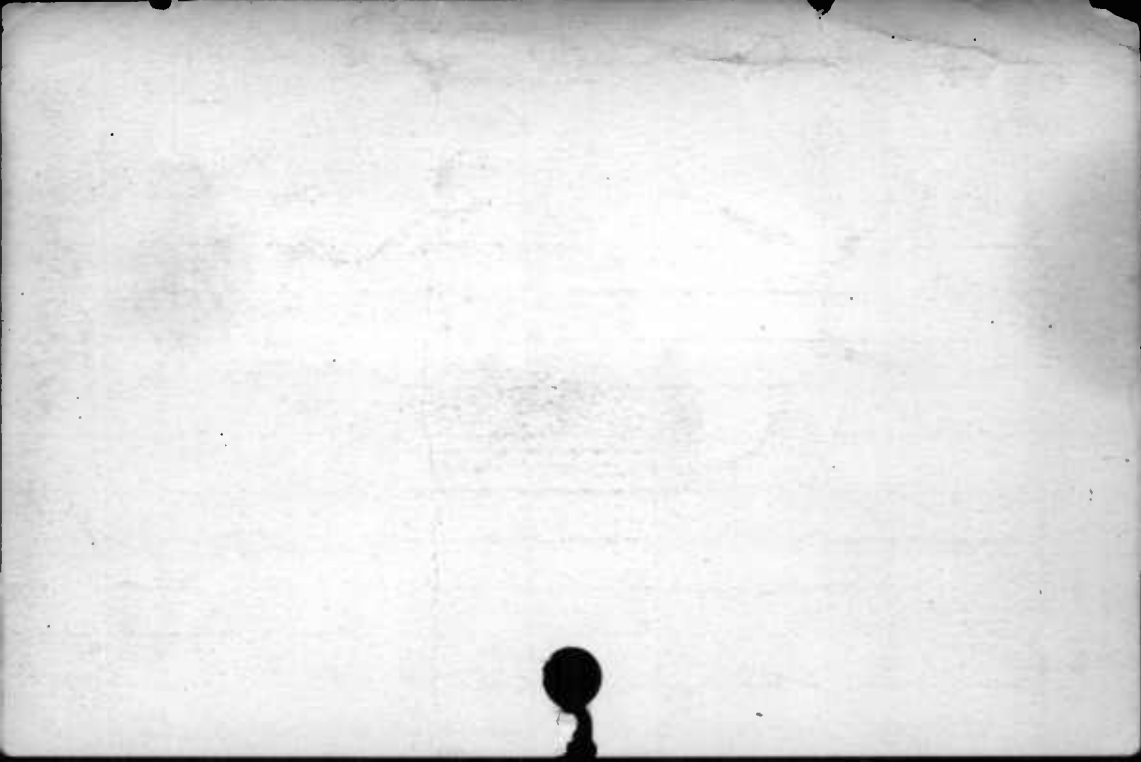
MARYLAND

Died at		Town St. Michaels		County Talbot			
Date of death	1906	Month March	Day Seventh	Age	Years 26	Months 8	Days
Sex	Male		Color or Race	White		Birth-place	St. Michaels
Occupation	Clk. in Drug Store			Where Residing if not at place of death		Delmar, Del.	
Married, Single or Widowed	Single		Name of Wife or Husband		Ethel		
Father's Name	Edward Fairbanks					Father's Birthplace	St. Michaels
Mother's Maiden Name	Mary Cummings					Mother's Birthplace	Boyside, Talbot Co.
Name of person giving information	Edward Fairbank					How related to deceased	Sister

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Infectious Diseases		How long	
Immediate	Tuberculosis		How long	about 5 Mo.
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Robt. A. Dodson
			Address	St. Michaels Md.
Accident or Suicide?				



Name  
in  
Full

Mamie Pauline Naomi Fitchett

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Easton		County Talbot		MARYLAND	
Date of death 1906		Month 3	Day 17	Age 1	Years	Months 8	Days 0
Sex Female		Color or Race African			Birth-place Easton		
Occupation				Where Residing if not at place of death			
Married, Single <del>Widowed</del>		Name of Wife or Husband					
Father's Name Jas. H. Fitchett				Father's Birthplace Va.			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information John N. Slaughter				How related to deceased None			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Bronchitis	How long	3 weeks
Immediate	Exhaustion	How long	One day
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		S. Duilleon	
		Address	
		Easton Md.	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *John Goldsbrough* *Talbot* CountyDate of death *1906* Month *March* Day *21<sup>st</sup>* Age *8* Months *—* Days *—*Sex *Male* Color or Race *Colored* Birthplace *Talbot Co*Occupation *—* Where Residing if not at place of death *Talbot Co*Married, Single or Widowed *—* Name of Wife or Husband *—*Father's Name *Harry Goldsbrough* Father's Birthplace *Talbot Co*Mother's Maiden Name *Mary Grass* Mother's Birthplace *Talbot Co*Name of person giving information *John Blockwell* How related to deceased *Cousin*

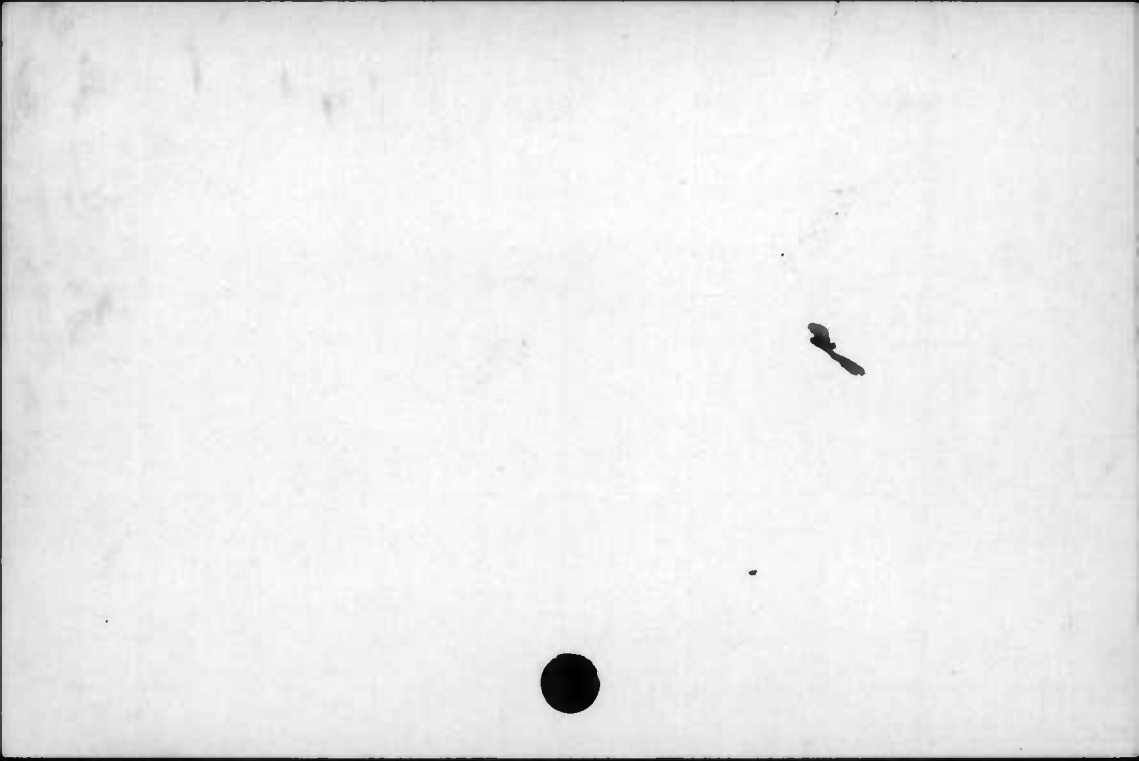
## CAUSES OF DEATH

Primary *Whooping Cough* (8) How long *Six weeks*Immediate *Pneumonia* How long *3 weeks*Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *P. L. Travem*Address *Talbot Co - Md.*

Accident or Suicide?

Copernicus 2"

Name in Full		Hughe J. Harris				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at <sup>Town</sup> St. Michaels		<sup>County</sup> Talbot		MARYLAND		
		Date of death 1906		Month March	Day 5	Age 75	Months —	Days —
		Sex male		Color or Race white		Birthplace Baltimore Md		
		Occupation Farming		Where Residing if not at place of death —				
		Married, Single or Widowed married		Name of Wife or Husband <del>Emma</del> Harris				
		Father's Name Not Known		Father's Birthplace Not Known				
		Mother's Maiden Name Not Known		Mother's Birthplace Not Known				
Name of person giving information Charles Gay		How related to deceased Friend & Employee						
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary Apoplexy		(64)		How long 4 weeks		
		Immediate Cardiac Asthenia				How long three days		
		Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician A. B. Blasecock				
				Address St. Michaels Md				
Accident or Suicide? —								



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

John W. Jenkins

Town

Easton

County

Talbot

MARYLAND

Died at

Date

of death 1906

Month

Mich

Day

12

Years

0

Age

Months

0

Days

9

Sex

Male

Color or  
Race

Negro

Birth-  
place

Easton Md

Occupation

Baby

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

S. J. Jenkins

Father's  
Birthplace

Easton Md

Mother's  
Maiden Name

Vezetter Clark

Mother's  
Birthplace

Cambridge Md

Name of person giving  
In formation

S. J. Jenkins

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Infected Umbilicus from dirty ligatures

How long

9 days

Immediate

Tetanus - Convulsions

How long

74 hrs

Are the name, age, sex, color, date  
and place correctly given above?

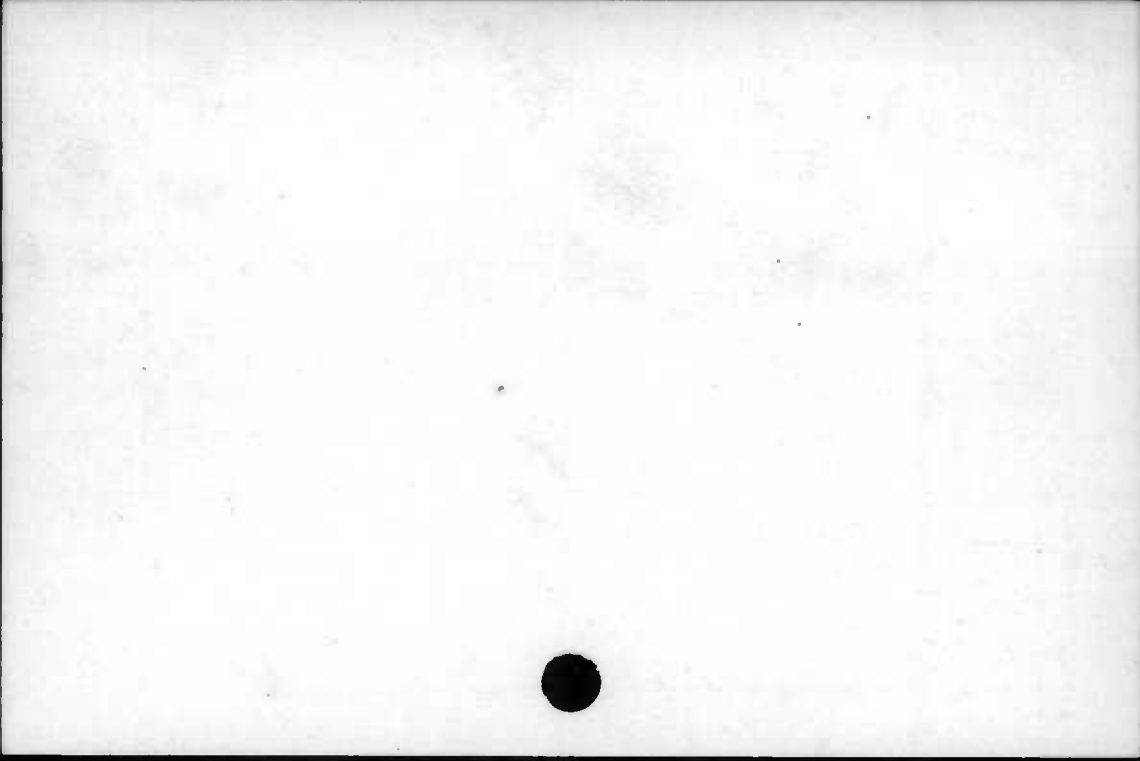
Yes

Signature of  
Physician

Address

Chas. F. Dandridge  
Easton Md

Accident or Suicide?



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

## CERTIFICATE OF DEATH

MARYLAND

Died at		Town		County			
Date of death		Month	Day	Age	Years	Months	Days
1906		March	9	one		Two	0
Sex	female	Color or Race	Black	Birth-place	Md		
Occupation	none	Where Residing if not at place of death		X			
Married, Single or Widowed	single	Name of Wife or Husband		X			
Father's Name	Howard Johns			Father's Birthplace	Md		
Mother's Maiden Name	Rosie Johns			Mother's Birthplace	Md		
Name of person giving information	Howard Johns			How related to deceased	father		

## CAUSES OF DEATH

Primary	Pertussis	How long	4 weeks
Immediate	Convulsions	How long	one day
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	E. R. Zipp
		Address	Easton Md
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Anna Maria Johnson* Town *St. Michaels* County *Talbot*  
Date of death *1906* Month *Mar* Day *28* Age *70(?)* Years Months DaysSex *Female* Color or Race *colored* Birth-place *Talbot Co*Occupation *Housework* Where Residing If not at place of deathMarried, Single or Widowed *widow* Name of Wife or HusbandFather's Name *James Johnson* Father's Birthplace *Talbot Co*Mother's Maiden Name *Rosetta ?* Mother's Birthplace *Talbot Co*Name of person giving information *John T. Johnson* How related to deceased *Son*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONERPrimary *Nephritis & endocarditis* How long *1 year (?)*Immediate *Pulmonary edema* How long *4 weeks*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

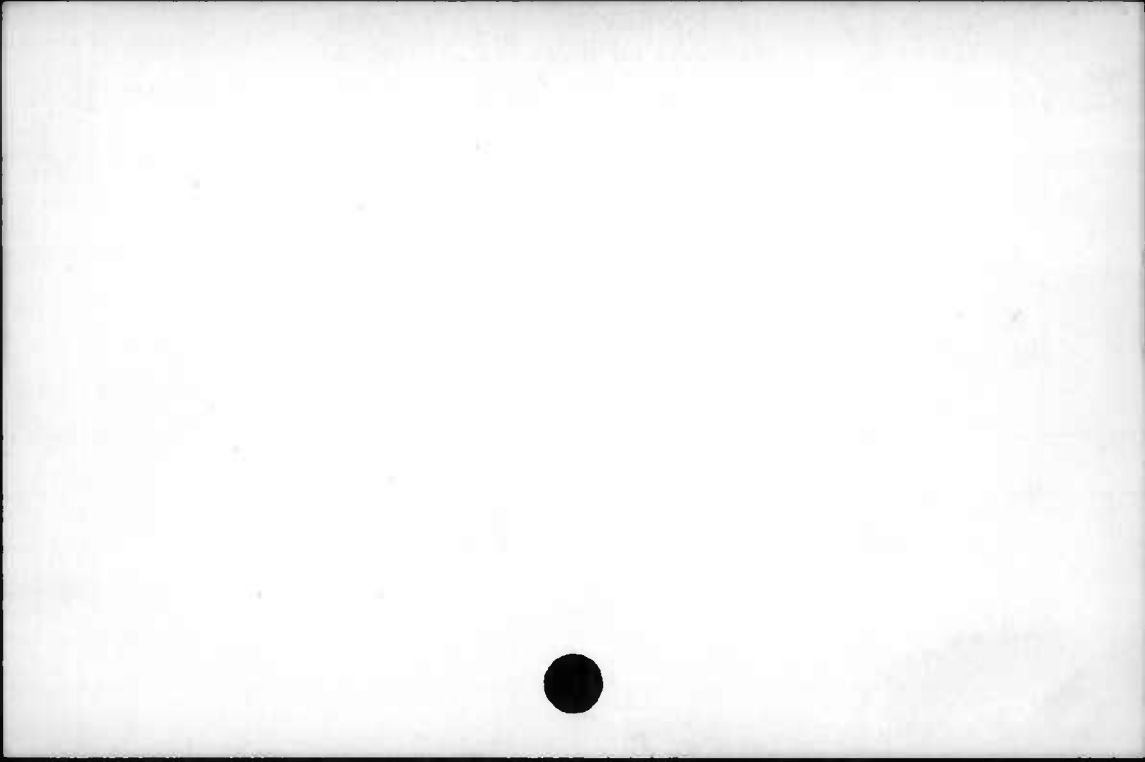
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Oxford</i> Town		<i>Talbot</i> County		MARYLAND	
Date of death	190 <i>6</i>	Month	<i>3</i>	Day	<i>31</i>
		Age	<i>13</i>	Years	
		Months	<i>8</i>	Days	<i>2</i>
Sex	<i>Female</i>	Color or Race	<i>Black</i>	Birthplace	<i>Easton</i>
Occupation	<i>School fire</i>		Where Residing if not at place of death <i>Oxford</i>		
Married, Single or Widowed	<i>Child</i>	Name of Wife or Husband	<i>Geo Jones</i>		
Father's Name	<i>Geo Jones</i>			Father's Birthplace	<i>Summit Co</i>
Mother's Maiden Name	<i>Annie Ouff.</i>			Mother's Birthplace	<i>Talbot</i>
Name of person giving Information	<i>Geo Jones</i>			How related to deceased	<i>Father</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Erofula &amp; Typhoid Fever</i>	How long	<i>14 Months</i>
Immediate	<i>Heart Failure</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. O. Roberts</i>
		Address	<i>Oxford</i>
Accident or Suicide?	<i>✓</i>		<i>Ind.</i>



Name

In

Full

Lettie Leatherberry

## CERTIFICATE OF DEATH

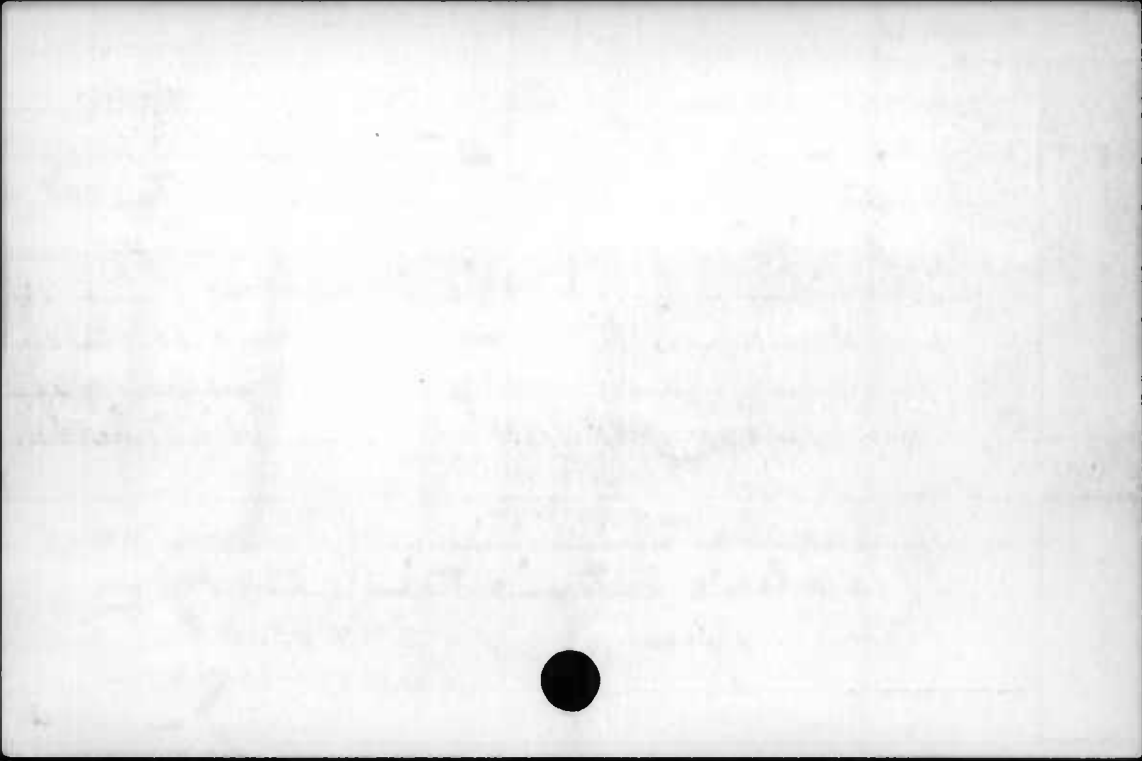
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near</i>		Town <i>Trappe</i>		County <i>Talbot</i>		MARYLAND	
Date of death 190 <i>6</i>	Month <i>3</i>	Day <i>27</i>	Age <i>44</i>	Years <i>44</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>Female</i>	Color or Race <i>negro</i>		Birth-place <i>Talbot Co, Md</i>				
Married, Single or Widowed <i>Married</i>		Occupation <i>Housewife</i>					
Name of Wife or Husband							
Father's Name <i>Green Camper</i>				Father's Birthplace <i>Not known</i>			
Mother's Maiden Name <i>Not known</i>				Mother's Birthplace			
Name of person giving information <i>Daniel Leatherberry</i>				How related to deceased <i>Husband</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>5 days -</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Joseph A. Ross M.D.</i>
<i>Yes</i>	Address <i>Trappe, Talbot Co, Md</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

Wm E. Mason

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Queen Anne*

Town

*Lalbat*

County

Date  
of death *1906*Month  
*3*Day  
*16th*

Age

Years  
*78-*Months  
*11*

Days

Sex *Male*Color or  
Race*White*Birth-  
place*Lalbat Co Md.*

Occupation

*Druggist*Where Residing if not  
at place of deathMarried, Single  
or Widowed*Married*Name of Wife or  
Husband*Carrie Mason*Father's  
Name*Andrew Mason*Father's  
Birthplace*Lalbat Co. Md.*Mother's  
Maiden Name*Mary Thawley*Mother's  
Birthplace*Lalbat Co. Md.*Name of person giving  
Information*Henry H. Malone*How related  
to deceased*Sister in law*

## CAUSES OF DEATH

Primary

*Chronic Nephritis*

How long

*Three years*

Immediate

*Alcoholic Intoxication*

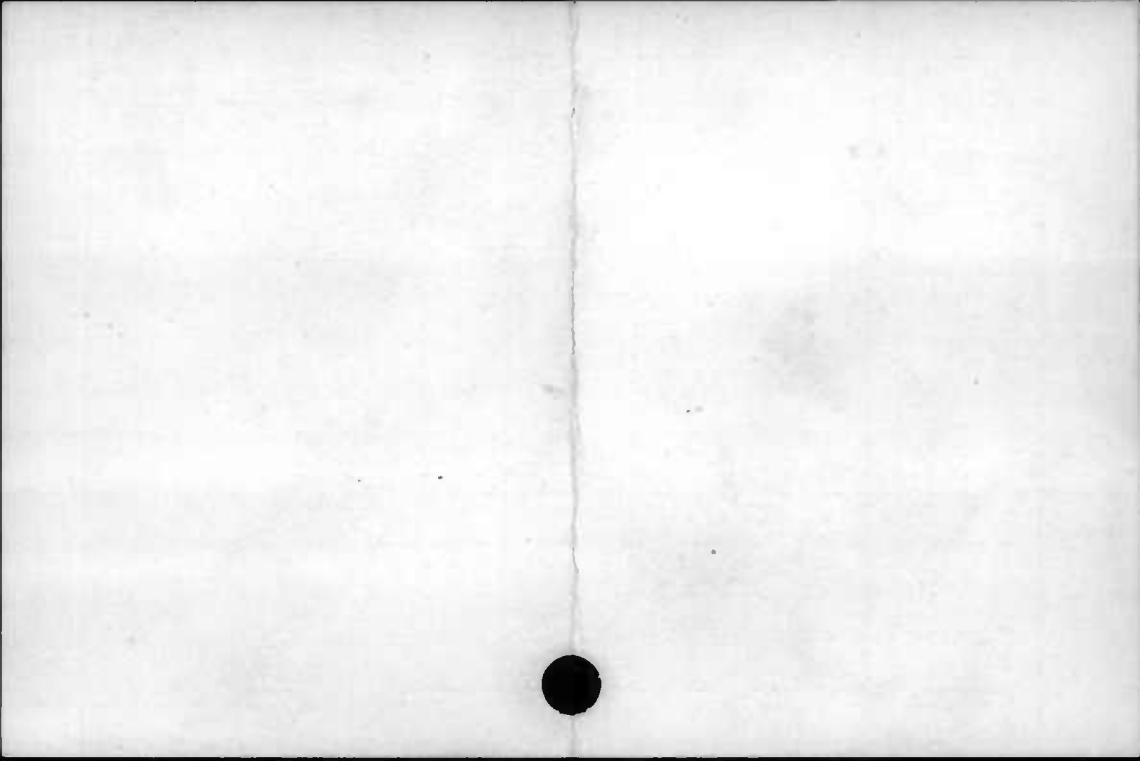
How long

*Ten days*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician

Address

*Robert Hackett*  
*Queen Anne*  
*Md.*

Accident or Suicide?



Name  
in  
Full

Laura Miller

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Easton* Town*Talbot* CountyDate of death *1906* Month *March*Day *12*Age Years *55*Months *—*Days *—*Sex *Female*Color or Race *Negro*Birthplace *Talbot Co -*Occupation *Cook*Where Residing if not at place of death *Easton*Married, Single or Widowed *Married*Name of ~~Wife~~ Husband *Edw. Miller*Father's Name *Edward Bidgell*Father's Birthplace *?*Mother's Maiden Name *?*Mother's Birthplace *?*Name of person giving information *Joe Dobson*How related to deceased *Son in Law*

## CAUSES OF DEATH

Primary *Angina pectoris*  
*Heart Failure*How long *Not Known*

Immediate

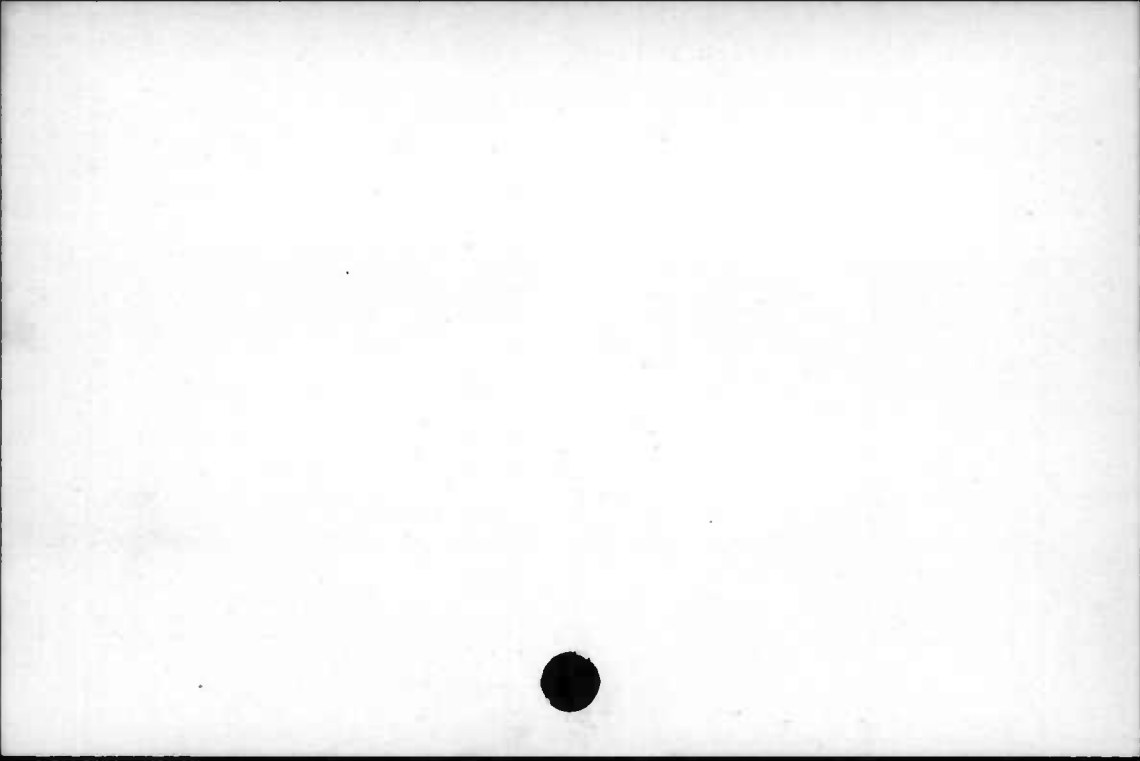
How long *few minutes*Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

*Chas. F. Danden*  
*Easton, Md.*

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

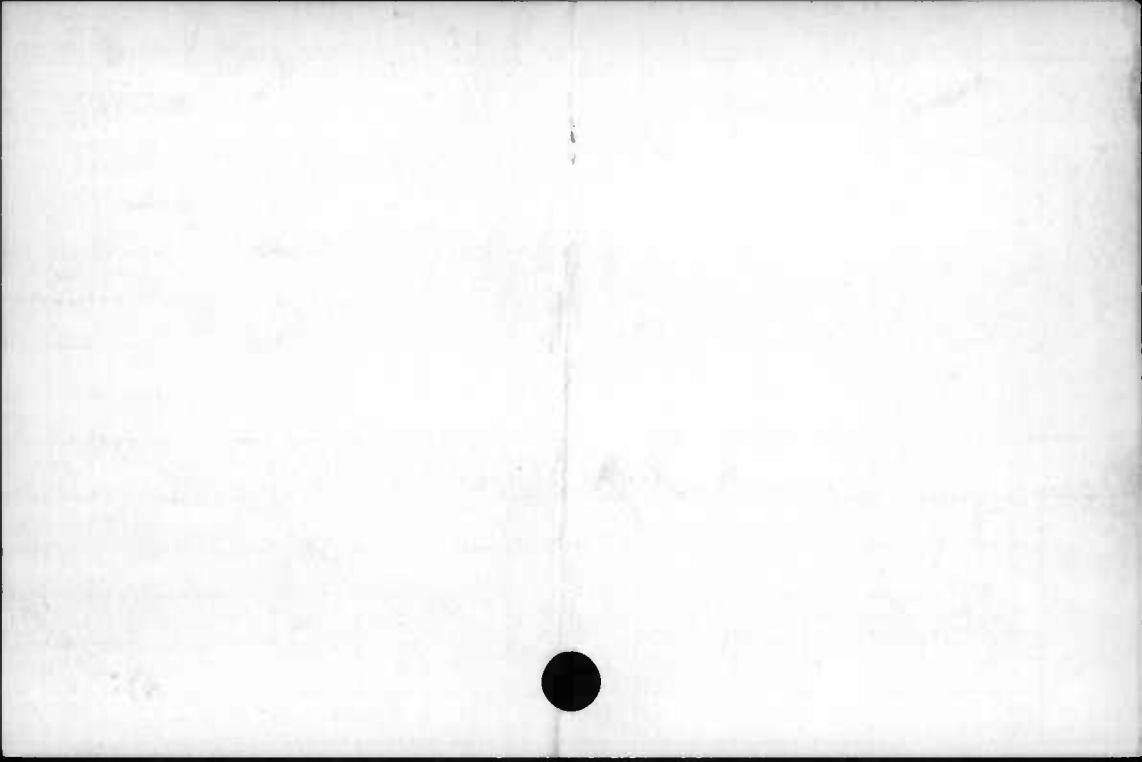
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near</i>		Town <i>Trappe</i>		County <i>Talbot</i>		MARYLAND	
Date of death 1906	Month 3	Day 27	Age	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>Negro</i>		Birth-place <i>Talbot Co Md</i>				
Married, Single or Widowed <i>Married</i>	Occupation <i>Housewife</i>						
Name of Wife or Husband <i>Henry Mills</i>							
Father's Name <i>John Wilson</i>				Father's Birthplace <i>Talbot Co Md</i>			
Mother's Maiden Name <i>Agnes</i>				Mother's Birthplace " " "			
Name of person giving information <i>Allan Mills</i>				How related to deceased <i>son</i>			

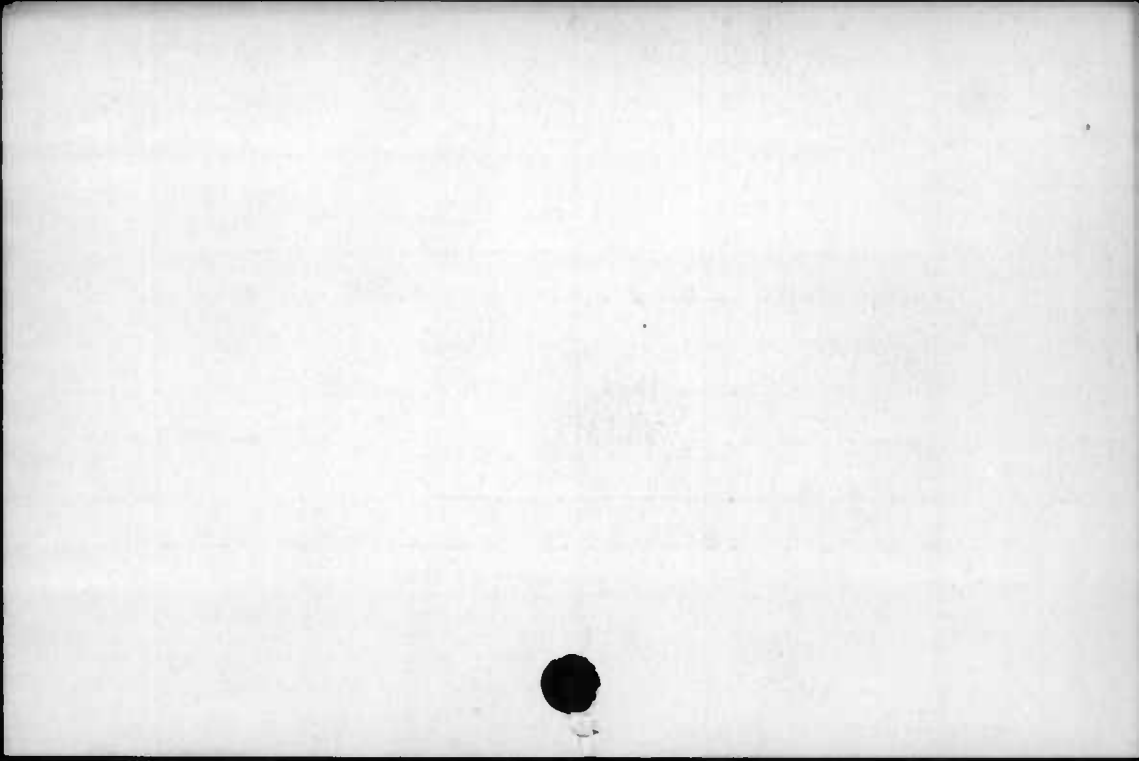
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Mitral Regurgitation</i>	How long <i>Don't know</i>
Immediate <i>Coma</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Joseph A. Cox M.D.</i>
<i>Yes</i>	Address <i>Trappe, Talbot Co, Md</i>
<del>Accident or Suicide?</del>	



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Town <i>Solomon Micols</i>		County <i>Talbot</i>	
		Died at <i>near Easton</i>		MARYLAND	
		Date of death <b>1906</b> <i>March</i> <b>18</b>		Age <b>52</b> <i>Years</i>	
		Sex <i>Male</i>		Color or Race <i>colored</i>	
		Occupation <i>Salor</i>		Where Residing if not at place of death	
		Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary Micols</i>	
		Father's Name <i>Isaac Micols</i>		Father's Birthplace <i>Talbot Co</i>	
		Mother's Meiden Name <i>Maria</i>		Mother's Birthplace <i>" "</i>	
Name of person giving In formation <i>Mary Micols</i>		How related to deceased <i>wife</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <i>Cerebral hemorrhage</i>		How long <i>4 days</i>	
		Immediate		How long	
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>A. B. Hayward M.D.</i>	
		Accident or Suicide?		Address <i>Easton, Md.</i>	



Name

In

Full

Mathie Nixon

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died near <i>Supper</i> <sup>Town</sup>		<i>Talbot</i> <sup>County</sup>		MARYLAND	
Date of death 1906	<i>March</i> <sup>Month</sup>	<i>9</i> <sup>Day</sup>	Age <i>1</i> <sup>Years</sup>	<i>1</i> <sup>Months</sup>	<i></i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>negro</i>		Birth-place <i>Talbot Co, Md</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i></i>			
Name of Wife or Husband <i></i>					
Father's Name <i>Roach Nixon</i>			Father's Birthplace <i>Talbot Co, Md</i>		
Mother's Maiden Name <i>Alberta Baupen</i>			Mother's Birthplace <i>" " "</i>		
Name of person giving information <i>Roach Nixon</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pertussis</i>	How long <i>3 weeks</i>
Immediate <i>Capillary Bronchitis</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Joseph A. Ross M.D.</i>
<i>Yes</i>	Address <i>Talbot Co. Md</i>
Accident or Suicide? <i></i>	



Name  
in  
Full

Edward Norman Shortall

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died <i>Near Easton</i> <sup>Town</sup>		<i>Talbot</i> <sup>County</sup>		MARYLAND	
Date of death	1906	Month	March	Day	26
Age		Years		Months	Days
		0		3	0
Sex	Male		Color or Race	White	
Occupation	Baby		Birth-place	Near Easton Md	
Where Residing if not at place of death			—		
Married, Single or Widowed	Single		Name of Wife or Husband	—	
Father's Name	Wm J. Shortall			Father's Birthplace	Talbot Co. Md
Mother's Maiden Name	Ethel Neand Andrews			Mother's Birthplace	" " "
Name of person giving information	W. J. Shortall			How related to deceased	Father

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Congestion of Lungs</i>		How long	<i>12 hrs</i>
Immediate	<i>Asphyxia</i>		How long	<i>few hrs</i>
Are the name, age, sex, color, date and place correctly given above?		yes		
Signature of Physician		<i>Chas. J. Dandridge</i>		
Address		<i>Easton, Md.</i>		
Accident or Suicide?				

Buried 3/27  
Catholic Cemetery

Name  
in  
Full

No name Slaughter

## CERTIFICATE OF DEATH

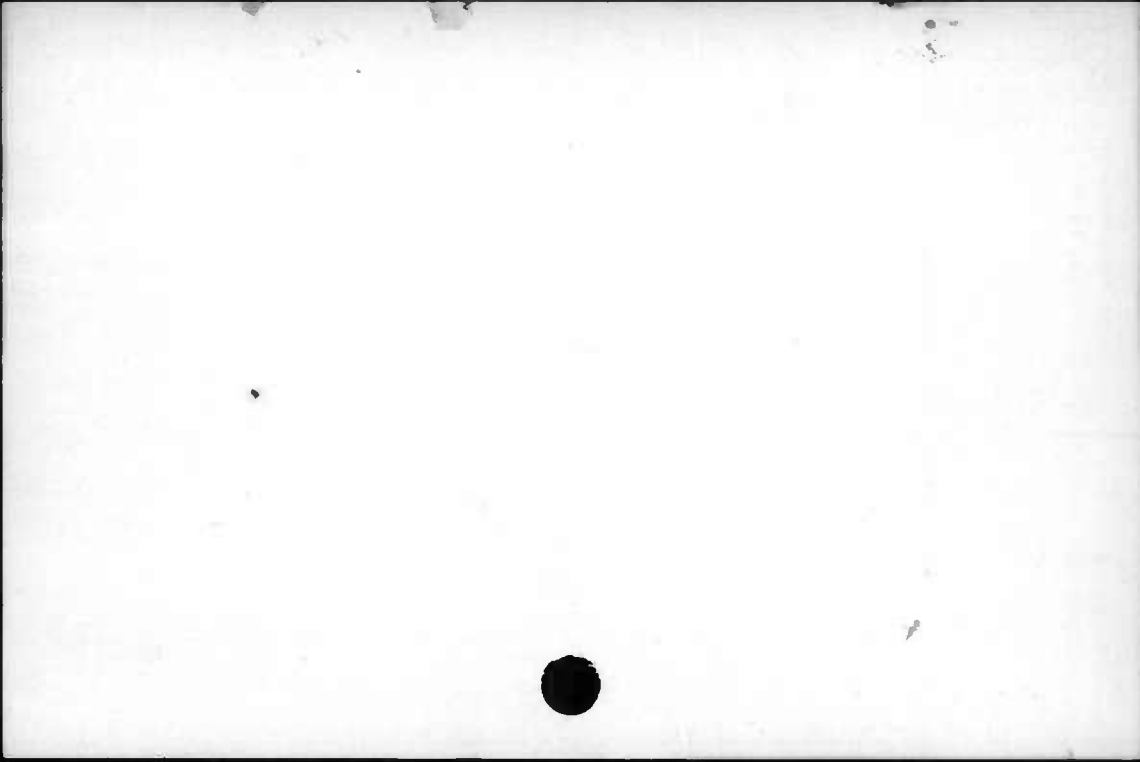
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1906		3	19	0	4	10	
Sex	Female		Color or Race	African		Birth-place	Easton
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			Nathan Slaughter			Father's Birthplace	
						Tallbot Co. Md.	
Mother's Maiden Name			Fannie Murray			Mother's Birthplace	
						Tallbot Co. Md.	
Name of person giving information			John M Slaughter			How related to deceased	
						Uncle	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Bronchitis	How long	3 weeks
Immediate	Exhaustion	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		S. O. Willson	
Address		Easton	
		Md.	
Accident or Suicide?			



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Trappe</i>		County <i>Talbot</i>		MARYLAND	
Date of death 1906	Month <i>3</i>	Day <i>15</i>	Age	Years <i>50</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>Male</i>	Color or Race <i>negro</i>		Birth- place <i>Talbot Co Md</i>				
Married, Single or Widowed <i>Married</i>		Occupation <i>Laboren</i>					
Name of Wife or Husband <i>Nelia Small</i>							
Father's Name <i>Zachariah Small</i>		Father's Birthplace <i>Talbot Co Md</i>					
Mother's Maiden Name <i>Mary Ann Eason</i>		Mother's Birthplace <i>Talbot Co Md</i>					
Name of person giving information <i>Nelia Small</i>		How related to deceased <i>wife</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Ulcer of the Stomach</i>	How long	<i>3 months</i>
Immediate	<i>Exhaustion</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Joseph A Ross Md</i> <i>Trappe, Md</i>
<i>Geo.</i>		Address	
Accident or Suicide?			



Name  
in  
FullCarroll Smith  
Town County

## CERTIFICATE OF DEATH

MARYLAND

Died at Trappe

Talbot

Date of death 1906 Mar, 11

Day

Age

Years

Months

Days

Sex male

Color or  
RaceWhite  
~~American~~Birth-  
place

Oxford

Occupation

School

Where Residing if not  
at place of deathMarried, Single  
or Widowed

✓

Name of Wife or  
Husband

Mary E Smith

Father's  
Name

Joseph J. Smith

Father's  
Birthplace

London Co

Mother's  
Maiden Name

Mary E Harrison

Mother's  
Birthplace

Oxford

Name of person giving  
Information

Father

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Pulmonary Congestion

How long

5 hrs,

Immediate

Asphyxia

How long

a few minutes

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Wm S. Seymour

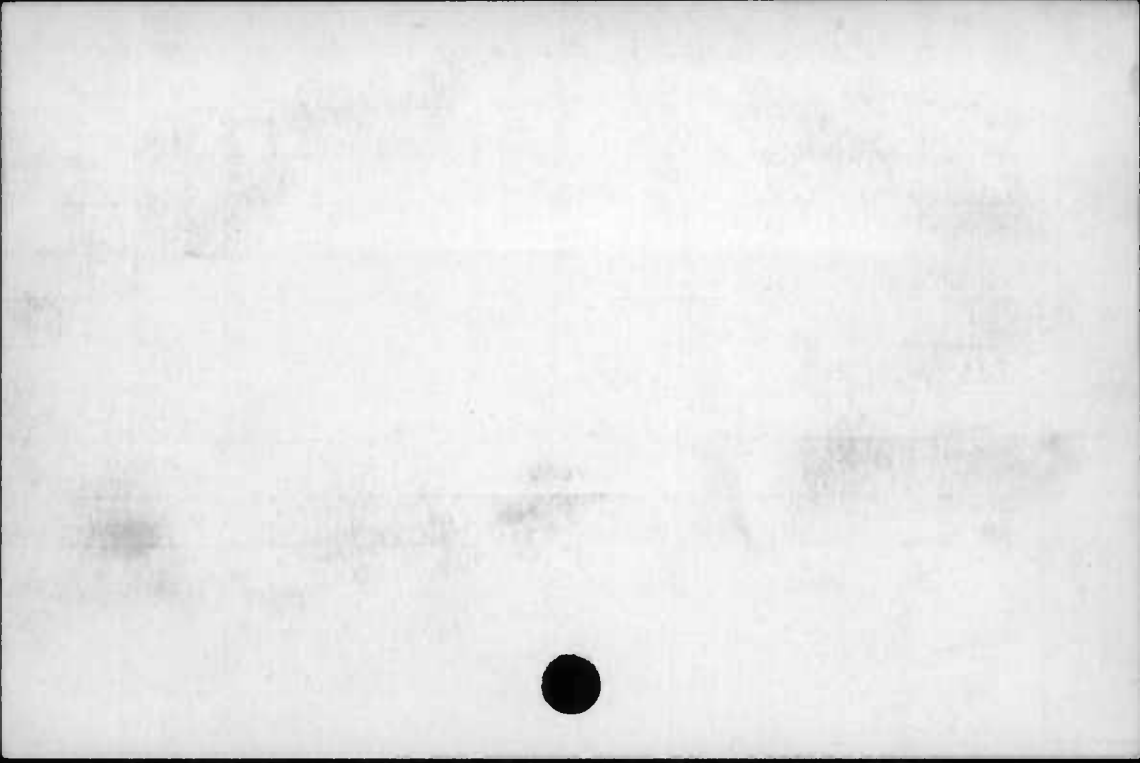
Address

Trappe Md,

Accident or Suicide?

no

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

*L*

Name in Full <i>Infant Harry William Taylor</i>		CERTIFICATE OF DEATH	
Died at <i>Coston</i> <small>Town</small>		<i>Talbot</i> <small>County</small>	
Date of death <i>1906 March 30th</i>		Age <i>two weeks</i>	
Sex <i>male</i>		Color or Race <i>White</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>	
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>	
Father's Name <i>Harry Taylor</i>		Father's Birthplace <i>Swamp Co. Del.</i>	
Mother's Maiden Name <i>Ida V. Hubbard</i>		Mother's Birthplace <i>Coshocton Co. Ohio</i>	
Name of person giving information <i>(Father) Harry Taylor</i>		How related to deceased <i>Father</i>	
CAUSES OF DEATH			
Primary <i>General Debility</i>		How long <i>151</i>	
Immediate <i>Cardiac Asthenia</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>D. C. Brown</i>	
		Address <i>Coston - Md.</i>	
Accident or Suicide? <i>—</i>			

mar 29

Name  
in  
Full

Rose, E. Whittington.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Oxford* Town*Galbal-* County

Date of death 1906 3

Day 9

Age 29 Years

Months 6

Days 29

Sex *Female*Color or Race *Black*Birth-place *Morgland*Occupation *Housewife*

Where Residing if not at place of death

Married, Single or Widowed *Married*Name of Wife or Husband *Lucile Whittington*Father's Name *George Warner*Father's Birthplace *md*Mother's Maiden Name *Mary E. Wilson*Mother's Birthplace *"*Name of person giving Information *E. Whittington*How related to deceased *Husband*

## CAUSES OF DEATH

Primary *Tuberculosis of the Lungs*How long *Two weeks*Immediate *Abscess of Lungs*How long *One day*

Are the name, age, sex, color, date and place correctly given above?

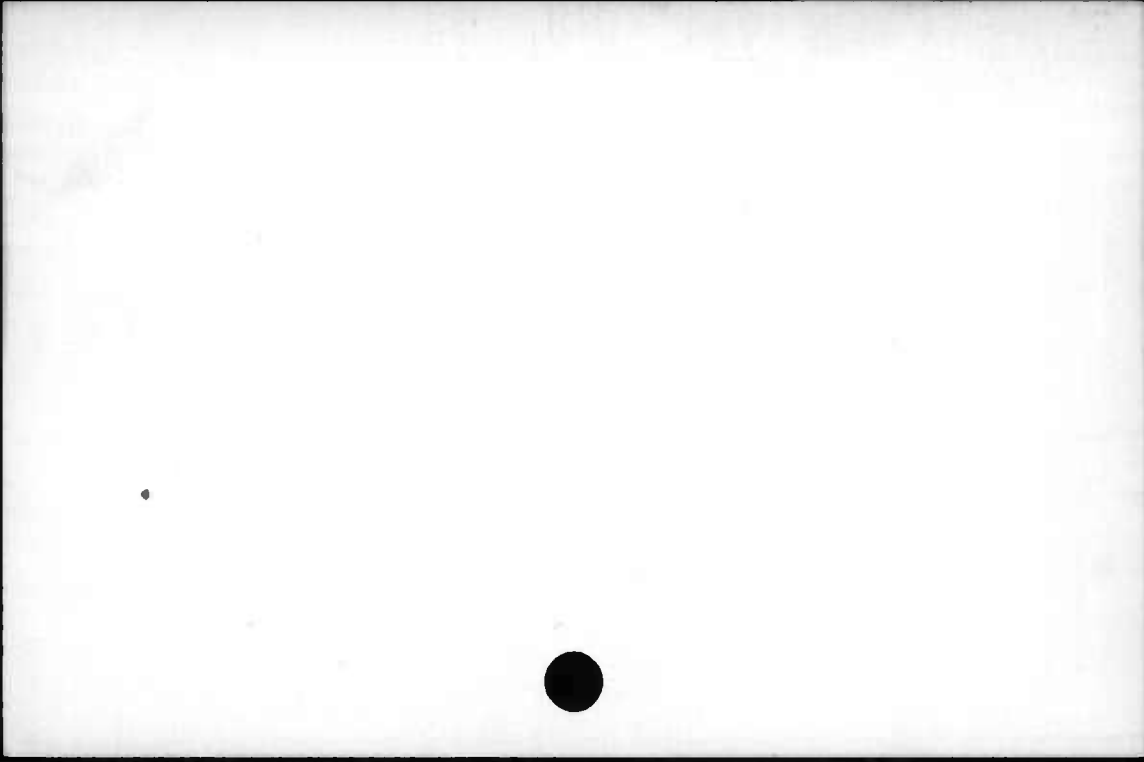
*Yes*

Signature of Physician

*S. P. Roberts*

Address

*Oxford*Accident or Suicide? *—*



Name  
in  
Full

Halter Eugene Wilson.

## CERTIFICATE OF DEATH

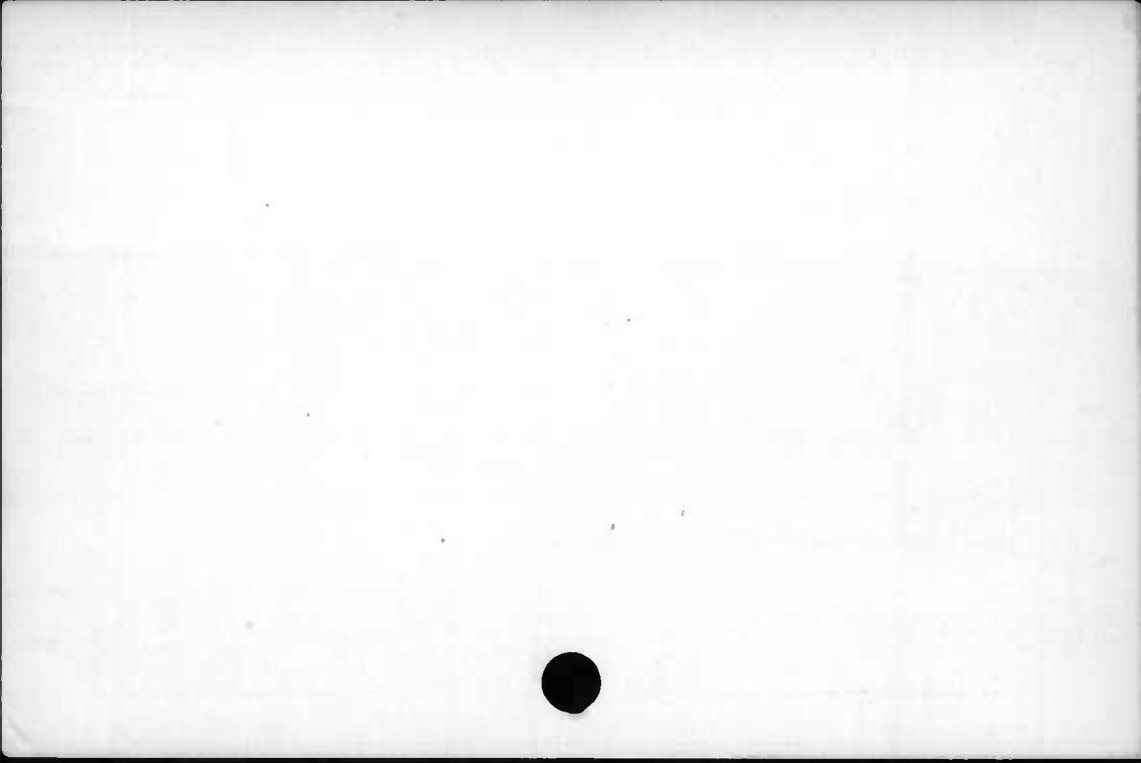
TO BE ANSWERED BY  
NEAREST FRIEND

Died near		Town Trappe		County Talbot.		MARYLAND	
Date of death 1906.		Month 3	Day 7	Age	Years —	Months 13—	Days 22
Sex Male		Color or Race Negro		Birth- place Talbot Co, Md			
Married, Single or Widowed		Single		Occupation —			
Name of Wife or Husband —							
Father's Name Noah Wilson				Father's Birthplace Talbot Co Md			
Mother's Maiden Name Luia Brown				Mother's Birthplace " " "			
Name of person giving In formation Noah Wilson -				How related to deceased Father			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pertussis.	How long	2 weeks
Immediate	Pneumonia	How long	5 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Joseph A. Boas, M.D.	
		Address Trappe, Talbot Co, Md	
Accident or Suicide?			



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mary Magid</i>		Town <i>Easton</i>		County <i>Lalot</i>		MARYLAND	
Date of death	1906	Month	<i>Mar.</i>	Day	<i>29</i>	Age	<i>1</i>
Sex	<i>female</i>	Color or Race	<i>colored</i>		Birth-place	<i>Lalot Co.</i>	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband				
Father's Name	<i>?</i>		Father's Birthplace				
Mother's Maiden Name	<i>Mary Magid</i>		Mother's Birthplace <i>Lalot Co.</i>				
Name of person giving information	<i>Wm. Cornish</i>		How related to deceased				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Tubercular peritonitis</i>	How long	<i>(2)</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>?</i>		
Signature of Physician	<i>A. B. Hayward M.D.</i>		
Address	<i>Easton Md.</i>		
Accident or Suicide?			



Name  
in  
Full

Mary E. Lager

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Tilghman*

Town

*Talbot*

County

Date  
of death 190

Month

*3rd*

Day

*11*

Age

Years

*54*

Months

Days

Sex *Female*Color or  
Race*white*Birth-  
place*Talbot Co.,*

Occupation

*Housewife*Where Residing if not  
at place of death*Tilghman, Md.*Married, ~~Single~~  
or WidowedName of Wife or  
Husband*Henry Lager*Father's  
Name*William Haddaway*Father's  
Birthplace*—*Mother's  
Maiden Name*Unknown*Mother's  
Birthplace*—*Name of person giving  
information*M. Lager*How related  
to deceased

## CAUSES OF DEATH

Primary

*Paralysis*

How long

*12 hours*

Immediate

*"*

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician*W. W. Chaires*

Address

*Tilghman, Md.*

Accident or Suicide?

